

Atty. Docket No: 124366-2 (1306-13) *AF*

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Olson, et al.

EXAMINER: M.J. Angebranndt

SERIAL NO.: 10/657,631

GROUP: Art Unit 1756

FILED: September 8, 2003

DATED: November 14, 2006

TITLE: **LIMITED PLAY OPTICAL MEDIA  
DEVICE WITH BARRIER LAYERS**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Applicant claims small entity status of this application under 37 C.F.R. 1.27  
 No additional fee is required.

The fee has been calculated as shown below:

|  | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY |              | OR    | OTHER THAN A<br>SMALL ENTITY |              |
|--|---|---|------------------------------|--------------|--------------|-------|------------------------------|--------------|
|  |   |   |                              | RATE         | ADDL.<br>FEE |       | RATE                         | ADDL.<br>FEE |
| TOTAL  | * 31  | MINUS   | ** 32                        | = 0          | x 25=        | \$    | x 50=                        | \$           |
| INDEP.   | * 3   | MINUS   | *** 3                        | = 0          | x 100=       | \$    | x 200=                       | \$           |
|  |   |   |                              |              | x 180=       | \$    | x 360=                       | \$           |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS |   |   |                              | TOTAL        | \$ 0.00      | TOTAL | \$ 0.00                      |              |

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.  
\*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: November 14, 2006

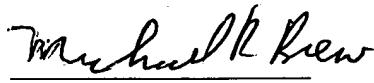
*Nicole Rispone*  
Nicole Rispone

Please charge Deposit Account No. 50-2140 in the amount of \$ . Two (2) copies of this sheet are enclosed.

A check in the amount of \$ is enclosed.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Michael R. Brew  
Reg. No.: 43,513  
Attorney for Applicant(s)

***Carter, DeLuca, Farrell & Schmidt, LLP***

445 Broad Hollow Road - Suite 225

Melville, New York 11747

Tel.: (631) 501-5700

Fax: (631) 501-3526

MRB/nr



**RESPONSE UNDER 37 C.F.R. §1.116  
EXPEDITED PROCEDURE  
MAIL STOP AF**  
Atty. Docket No: 124366-2 (1306-13)

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**APPLICANT(S):** Olson, et al. **EXAMINER:** M.J. Angebranndt

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**RESPONSE TO FINAL OFFICE ACTION**

Sir:

In response to the Final Office Action mailed September 15, 2006, applicants request entry of this amendment and reconsideration and allowance of the above-referenced application.

**Amendments to the Claims** begin on page 2.

**Remarks/Arguments** begin on page 12.

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Nicole Rispone